** I /We here with request you to open SB/CA/TD account on my/our name/s as under**

|  |  |
| --- | --- |
| 1. **ACCOUNT CHOICE**
 | **6. NAME**  |
|  **ACCOUNTS TERM DEPOSITS** **SAVINGS JUBILEE (Reinvestments)** **CURRENT VIDYA (Recurring)** **OVERDRAFT CHITRA (Fixed)** | **1. Mr./Mss./Mrs.** **Father name.****Mother name.** **Date of birth.****Husband/Guardian name.****Pan No.****Aadhar No.****Address.****Profession.****Pin. Phone/Mobile.****E-mail.****2. Mr./Mss./Mrs.** **Father name.****Mother name.** **Date of birth.****Husband/Guardian name.****Pan No.****Aadhar No.****Address.****Profession.****Pin. Phone/Mobile.****E-mail.****3. ARE YOU A SENIOR CITIZEN – YES / NO** **4. DETAILS OF MINOR DATE OF BIRTH****I hereby declare that the minor who is my and I am his / her natural guardian / lawful guardian appointed by court order dated (copy enclosed), I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal / transactions made by me in his/her account.****Form 15G/H Yes / No** **Signature of Depositor****INTRODUCTION**INTRODUCER’S NAME ACCOUNT NUMBERI/We certify that I/We know the applicant and confirm his/her identity and address and recommend them to your bank.DATE Signature of introducer**NOMINATION (in respect of saving/Term deposits/proprietors**NOMINATION UNDER SECTION 433ZA of the banking regulation act 1949 and the rule 2(1) of the banking companies (nomination) rules 1935’ in respect of banking deposits,We named above. Nominate the following persons to whom in the event of my/our/minor death. The amount of deposit covered by the account may be returned by Jubilee Hills Co-op. Urban Bank Ltd.Nominee Name Age Relationship Date of birth Sign of depositor:Address: As the nominee is a minor on this date the person named below will receive the amount of the deposit on behalf of the nominee in the event of my/our/minor death during the minority of the nomineeNAME WITNESSADDRESS WITNESS SIGNATURE DATE |
| 1. **CONSTITUTION**
 |
|  **INDIVIDUAL PARTNERSHIP**  **JOINT ACCOUNT PVT. LTD. COMPANY** **PROPRIETORY PUBLIC LTD. COMPANY**  **CLUB/ ASSOCIATION TRUST** |
| 1. **ACCOUNT OPERATION**
 |
|  **SINGLE EITHER OR SURVIVOR** **BOTH ANY OTHER SPECIFY** |
| 1. **FOR FRIMS/COMPANIES/TRUST/**

 **ASSOCIATES/CLUBS** |
| **As per certified copy of resolution** **As per partnership Deed / As per Resolution Dated** **Authorized Signatory’s Name Designation****Authorized Signatory’s Name Designation****Authorized Signatory’s Name Designation****Authorized Signatory’s Name Designation** **We undertake to notify/inform the bank of any change in the partnership/resolutions.** **We agree to inform you of any changes in the board of directors and whenever any amendments are made in the memorandum and articles of association** |
| 1. **DEPOSITS**
 |
| **I) SAVINGS RS.****II) CURRENT RS.****III) TERM DEPOSITS RS.****IV) PERIOD YEARS/MONTH/DAYS** **V) RATE OF INTEREST** |
|  **ACCOUNTS WITH US** |
| **I/WE** **Have the following accounts with Jubilee Hills Co-op. Urban Bank Ltd.****Name** **Account Number** |
|  **ACCOUNT STATEMENT** |
| **We require Passbook / Statement account in addition to the monthly statement provided the bank.** **Daily Weekly Fortnight****Changes applicable as per the services and fees guide.** |
|  **DEPOSIT RENEWAL INSTRUCTIONS** |
|  **Renew the term deposit for identical periods on maturity** **Principal only Principal and interest** **Do not renew. Pay by Bankers cheque or Credit to** **SB / CA No.**  |

|  |  |
| --- | --- |
| **INTEREST PAYMENT INSTRUCTIONS** | **TERM DEPOSITS** |
|  Monthly Quarterly Half yearlyTO THE CREDIT OF ACCOUNT NUMBERORBY POST / BY DEMAND DRAFT FAVOURINGMr. /Ms.  | I/We request the Bank grant me/us an overdraft limit at the Bank’s sole discretion up to as an extent not exceeding 75%85%90% value of the existing and new Term Deposits made in the same style, overdraft facility on Savings/Current Accounts will be as a temporary and stand by to meet contingencies. I/We agree that the amount in the Term Deposits account (s) shall be deemed pledged in favor of the Bank without the necessity of any further concurrence on my / our part. I/We agree that any Term deposits made in future in the same style shall also be deemed pledged in favor of the Bank without the necessity of any further concurrence on my/our part.I/We also request the Bank to cover my/our existing term deposits as per the list enclosed under Term Deposits scheme. I/We authorized the Bank to charge interest on the overdraft at an interest 2% p.a as above the interest rate payable on the deposits along with the interest tax payable in this regard.1. Signature

Photo1. Signature

Photo  3. SignaturePhoto**PLACE : DD MM YY** |
| **CURRENT A/C. PROPRIETORSHIP** |
| I am Trading under the name and style ofAnd that I the sole proprietor of the said concern. I further wish to intimate that I am responsible for all transactions entered into and obligations incurred with you whether under the trade name or in my individual name or in conduction with others till I inform in writing otherwise.*Signature of Proprietor* |
| **ENCLOSURES** |
| *INDIVIDUALS* Attach copy of any one Ration card Driving License PAN Card issued by IT Dept. Aaadhar card Photo Credit card(both sides) Organization ID Card |
| **FOR FRIMS / COMPANIES** |
|  Partnership Deed Certificated Of Incorporation  Partnership Letter Copy Of Trust Deed Copy Of Updated Memorandum And Articles Of Association Copy Of Byelaws Certificates Of Commencement Of Business Certificated Copy Of Resolution Regulating the  Conduct of the Account Letter Or Request From Joint Hindu Family / Firm to  Open Account (For Trading / Commercial Activities)**UNDERTAKING / AUTHORIZATION / DECLARATION**The bank based on this application form the authorized signatories mentioned under operation in its absolute discretion and subject to such terms and conditions as bank may stipulate can make payment/premature payment of the proceeds of the deposit at the time of closure of the account.I/we request and authorize you to honor all cheques or other orders drawn by me/us and I/we request you to debit such cheques or other orders, bills of exchange and notes as also amount of any dishonored bills. Notes and cheques to this account. Whether the account be for time being in credit/overdrawn. In case I/we draw cheques/cash in excess of our credit balances in the account with the banks as the necessary arises. I/we undertake jointly and severally to repay the amount overdrawn with interest on the amount overdrawn as per the rules of the bank in force with / without any advice to me/us.I/we confirm that the rules and regulations of the bank and reserve bank of India in force for the scheme have been read by to me/us and I/we also agree to abide by the rules which may be modified from to time. I/we confirm that I and my joint applicants are residents of India.I/we certify that the information furnished above is correct.**FOR BANK’S USE** |

**SIGNATURES:**

Risk Category:-

Customer ID:-

ACCOUNT NO:-

 SIGNATURE(S) VERIFIED BY AUTHORISED SIGNATORY

PLACE:

DATE J.E.O S.E.O C.E.O